

## EVIDENCE BRIEFING

### Ancestry-Based Prioritisation Language in Health New Zealand Position Descriptions

July 2026

## 1. Purpose

This briefing documents the continued use of ancestry-prioritising and ideological requirements in Health New Zealand (Te Whatu Ora) position descriptions. It sets out the relevant government policy direction, quotes the standard language still in use, and explains why this practice is inconsistent with equal treatment and with the Government's stated policy of prioritising need rather than race.

## 2. Relevant Government Policy

### **Cabinet Circular CO (24) 5 - Needs-based Service Provision (September 2024)**

Cabinet directed that public services should be prioritised on the basis of need, not race. The circular was issued to establish a clearer expectation of equal treatment in the delivery of public services and government contracting.

### **Minister of Health Letter of Expectations (27 November 2025)**

Minister Simeon Brown's letter to the Health NZ Board Chair emphasised that patients should be at the heart of every decision and that care should be prioritised based on clinical need. The letter focused on health targets, financial discipline, and devolution. It did not authorise ancestry-based prioritisation in recruitment or service delivery.

## 3. The Standard Language Still in Use

A near-identical block of requirements appears across multiple Health New Zealand position descriptions, frequently under the heading "All Te Whatu Ora Leaders" or equivalent equity / Te Tiriti sections. The core wording is as follows:

*Remains focused on the pursuit of Māori health gain as well as achieving equitable health outcomes for Māori*

*Supports tangata whenua- and mana whenua-led change to deliver mana motuhake and Māori self-determination in the design, delivery and monitoring of health care*

*Actively supports kaimahi Māori by improving attraction, recruitment, retention, development, and leadership*

*Commits to helping all people achieve equitable health outcomes*

*Demonstrates awareness of colonisation and power relationships*

*Demonstrates critical consciousness and on-going self-reflection and self-awareness in terms of the impact of their own culture on interactions and service delivery*

*Willingness to personally take a stand for equity*

*Supports Māori-led and Pacific-led responses*

## 4. Documented Examples

The following publicly available position descriptions contain the standard block or closely equivalent language:

1. **Regional Director - Hospital & Specialist Services** (Te Whatu Ora template). Full standard block present under leadership and equity requirements.
2. **National Clinical Lead - Quality and Patient Safety** (April 2023). Full standard block under “All Te Whatu Ora Leaders”.
3. **National Clinical Lead - Mental Health and Addictions** (November 2023 / February 2024 version). Full standard block.
4. **Senior Medical Officer - Palliative Care, Waikato** (May 2023). Includes requirements to demonstrate critical consciousness, take a personal stand for equity, and commit to Māori world view / Tikanga.

The same or near-identical wording continues to appear in multiple other leadership and clinical role descriptions linked from Health NZ recruitment channels into 2024-2026. This is template-level language, not isolated drafting.

## 5. Why This Practice Is Unacceptable

The requirements set out above are not neutral statements of cultural competence. They establish preferential and ideological criteria based on ancestry and political worldview. The specific problems are as follows:

1. **Ancestry-based prioritisation of focus and effort.** Requiring staff to “remain focused on the pursuit of Māori health gain” directs attention and institutional priority toward one ancestry group. In a public health system funded by all taxpayers and serving all residents, clinical and operational focus should be determined by need, severity, and clinical priority — not by the ancestry of the patient or the ancestry of the staff member.
2. **Conflict with equal treatment.** A public service that requires employees to prioritise outcomes for one ethnic group over others is practising preferential treatment on the basis of ancestry. This is inconsistent with the principle that the state should treat citizens as individuals, not as members of racial or ancestral categories.
3. **Ideological conformity requirements.** Requirements to demonstrate “critical consciousness,” awareness of “colonisation and power relationships,” and a willingness to “personally take a stand for equity” function as political and ideological tests. They screen for adherence to a particular worldview rather than for clinical skill, professional competence, or commitment to serving patients according to need.
4. **Contradiction of stated government policy.** Cabinet has directed that public services be prioritised on the basis of need, not race. The Minister of Health has stated that care should be prioritised on clinical need and that patients come first. Continuing to embed ancestry-prioritising language in position descriptions after those directions demonstrates a failure of operational compliance.
5. **Normalisation of race-based framing in ordinary roles.** When the same language appears in templates applied to leadership, clinical, and support roles, it ceases to be a specialist cultural competency and becomes a general condition of employment. This institutionalises ancestry-based and ideological criteria across the organisation.

## 6. Conclusion and Recommendation

The documented language is not a minor drafting issue. It is a systemic feature of Health New Zealand recruitment materials that prioritises ancestry and ideological alignment over neutral, need-based public service. It is inconsistent with the Cabinet direction of September 2024 and with the Minister’s stated emphasis on clinical need.

Specific recommendations:

- Remove ancestry-prioritisation clauses (including requirements to remain focused on Māori health gains as a distinct category) from position descriptions that are not specialist cultural or iwi-liaison roles.
- Remove ideological tests such as “critical consciousness,” mandatory stands for equity framed in racial terms, and requirements to demonstrate awareness of colonisation as a condition of employment for ordinary clinical and operational roles.
- Require Health New Zealand to report compliance with these changes by a fixed date, with a public summary of the templates that have been amended.

Until these steps are taken, the gap between stated government policy and operational practice will remain visible and unresolved.

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*Prepared as a public-interest evidence record. Sources are publicly available Health New Zealand / Te Whatu Ora position descriptions and government policy documents. July 2026.*